

Equip for Equality Comments
Concept Paper for an 1115 Waiver for Illinois Medicaid
November 25, 2013

Equip for Equality, the independent, not-for-profit organization designated by the Governor in 1985 to administer the federally mandated Protection and Advocacy system for people with disabilities in Illinois, appreciates the opportunity to submit comments to the Concept Paper for an 1115 Waiver for Illinois Medicaid. As the state of Illinois moves forward with transforming the Medicaid system, we share the state's vision towards a more effective and flexible system that results in better health outcome for Medicaid recipients, including people with disabilities.

General Comments

While we understand that there are many details to be worked out in the coming months and in the implementation plan for the waiver, we believe that there should be more detail in the concept paper. We are hopeful, however, that in the very near future the details of this transformation will become clear so that we may assist the state in ensuring that services are appropriate and accessible. As the details of the waiver emerge, the state should maintain its commitment to robust stakeholder input, especially from Medicaid recipients.

The concept paper makes repeated reference to the use of managed care in Illinois and in a few places indicates that the state will expand its use of managed care in conjunction with the 1115 waiver. While there have been other states that have been successful in implementing managed care programs, many of the models of managed care described in the concept paper are largely untested in Illinois. Most of the programs described have not even begun implementation and for certain populations, such as individuals with intellectual disabilities, has not even been designed. It is troubling that the state is redesigning its entire Medicaid program based on concepts it does not yet have experience implementing. At the very least, the state should make a commitment to redesign managed care programs once data on outcomes is obtained and analyzed.

Home and Community Based Infrastructure, Coordination and Choice

The broad principles advanced in this section of the concept paper are ones that we support whole-heartedly. Expansion of the availability of home and community based services in order to ensure that individuals can live in the least restrictive setting and maintain their independence will help Illinois' efforts to comply with the *Olmstead* decision.

Thus, the stated goals of collapsing the nine existing waivers offered by the state into one waiver are laudable. A system that would allow an individual to obtain services based on need, rather than on disability, would align with the principles of person-centered planning and address some of the persistent issues in the current system related to those who are dually diagnosed. We further agree that the services available to an individual should not be arbitrarily dependent on one's age when they enter a waiver or where they live when they do so. Offering an individual a "menu" of available services to choose from would allow the flexibility that is lacking in the

current program.

However, we are concerned by the lack of detail on the uniform assessment tool that the state will develop to determine eligibility for waiver services. While we understand that there are parallel processes to develop this tool, we are perplexed that the new waiver will rely entirely on this tool, even though it is yet to be developed. How can we ensure that the new waiver process will work for anyone or whether the appropriate people will be able to access services without knowing what the tool looks like?

Although one of the goals in combining the waivers is to break down silos, it is our understanding that actual waiver services will continue to be overseen and delivered by the same state agencies that are currently responsible for delivering services. While we agree that expertise in certain services is required, we believe that this will thwart if not defeat the goal of breaking down the silos among government agencies and will perpetuate the administrative complexity of the system. The state should carefully address how services will be delivered and ensure that Medicaid recipients accessing waiver services can do so without administrative barriers such as those that currently exist.

Delivery System Transformation

The stated purpose of the funds for “nursing facility transformation” as described in section 2c of the concept paper is to further the state’s efforts towards rebalancing the long-term care system. As stated above, we are in agreement with the stated goal of moving individuals from nursing homes and into the community. However, we disagree with “providing debt relief or capital investments for nursing facilities that commit to redesigning, downsizing or closing some or all of their facilities.” While providing debt relief for small, individually-owned homes would be appropriate in order to incentivize change to meet the needs of the population, the reality in Illinois is far different. Many nursing homes in Illinois are operated by for-profit corporations who operate numerous homes in Illinois and around the country. To use federal and state dollars to incentivize these operators to close their operations is bad policy in light of the stated budget crisis. A much wiser investment would be incentivizing community-based providers to reach out to those living in nursing homes to facilitate transition out of the nursing home.

In conclusion, we look forward to working with you as the process of transformation of the Illinois Medicaid system moves forward. If you have any questions or would like further information, please contact Melissa Picciola at 312-895-7328, Melissa@equipforequality.org or Karen Ward at 312-895-7330, Karen@equipforequality.org.